

MAR 13 2007

PTO/SB/31 (07-08)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 015389-002950US	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to Fax No. 1-571-273-8300 on <u>March 13, 2007</u> .		In re Application of <u>Thomas R. Cech et al.</u>	
Signature <u>[Signature]</u>		Application Number <u>08/974,584</u>	Filed <u>November 19, 1997</u>
Typed or printed name <u>Yvonne Mock</u>		For <u>TELOMERASE REVERSE TRANSCRIPTASE</u>	
		Art Unit <u>1634</u>	Examiner <u>Myers, Carla J.</u>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the			
<input type="checkbox"/> applicant/inventor.		<u>[Signature]</u> Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Randolph T. Apple Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>36,429</u>		<u>650-326-2400</u> Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>March 13, 2007</u> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of <u>1</u> form is submitted in duplicate.			

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